

“(1) establish a program to develop a policy research consortium of institutions of higher education and nonprofit entities in support of implementing and innovating the defense nuclear nonproliferation programs of the Administration; and

“(2) execute such program in a manner similar to the program established under section 4814.

“(b) PURPOSES.—The purposes of the consortium established under subsection (a) are as follows:

“(1) To inform the formulation and application of policy through the conduct of research and analysis regarding defense nuclear nonproliferation programs.

“(2) To maintain open-source databases on issues relevant to understanding defense nuclear nonproliferation, arms control, and nuclear security.

“(3) To facilitate the collaboration of research centers of excellence relating to defense nuclear nonproliferation to better distribute expertise to specific issues and scenarios regarding relating to nuclear nonproliferation, arms control, and nuclear security.

“(c) DUTIES.—

“(1) SUPPORT.—The Administrator shall ensure that the consortium established under subsection (a) provides support to individuals described in paragraph (2) through the use of nongovernmental fellowships, scholarships, research internships, workshops, short courses, summer schools, and research grants.

“(2) INDIVIDUALS DESCRIBED.—Individuals described in this paragraph are graduate students, academics, and policy specialists, who are focused on policy innovation related to—

“(A) defense nuclear nonproliferation;

“(B) arms control;

“(C) nuclear deterrence;

“(D) foreign nuclear programs;

“(E) nuclear safeguards and security; or

“(F) educating and training individuals interested in the study of defense nuclear nonproliferation policy.”.

(b) CLERICAL AMENDMENT.—The table of contents for the Atomic Energy Defense Act is amended by inserting after the item relating to section 4311 the following new item:

“Sec. 4312. University-based nuclear nonproliferation collaboration program.”.

SA 4428. Mr. INHOFE submitted an amendment intended to be proposed to amendment SA 3867 submitted by Mr. REED and intended to be proposed to the bill H.R. 4350, to authorize appropriations for fiscal year 2022 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ____ . GRANT ELIGIBILITY OF CERTAIN AIR TRAFFIC CONTROL TOWER COVERED PROJECTS.

(a) IN GENERAL.—Notwithstanding any other provision of law, the airport sponsor of a covered project shall be eligible for a grant under subchapter I of chapter 471 and subchapter I of chapter 475 of title 49, United States Code, from any funds made available by an Act of Congress for “Grants-In-Aid for Airports” for fiscal years 2022 and 2023.

(b) COVERED PROJECTS DEFINED.—In subsection (a), the term “covered project” means a project for relocating, reconstructing, repairing, or improving an air traffic control tower that—

(1) is owned by the sponsor of a primary airport;

(2) as of the date of enactment of this Act, was over 60 years of age; and

(3) in fiscal year 2019, handled over 300,000 total terminal operations.

SA 4429. Mr. INHOFE (for himself and Mr. LANKFORD) submitted an amendment intended to be proposed to amendment SA 3867 submitted by Mr. REED and intended to be proposed to the bill H.R. 4350, to authorize appropriations for fiscal year 2022 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ____ . ASSISTANCE IN THE TRANSITION OF A CERTAIN HOSPITAL TO A MEDICARE RURAL EMERGENCY HOSPITAL.

(a) SPECIAL RULE.—In the case of a critical access hospital (as defined in section 1861(mm) of the Social Security Act (42 U.S.C. 1395x(mm)) with a Centers for Medicare & Medicaid Services certification number of 371338, the following shall apply:

(1) Pursuant to the June 11, 2021, Centers for Medicare & Medicaid Services letter sent to the critical access hospital—

(A) the Secretary of Health and Human Services (referred to in this section as the “Secretary”) shall suspend the running of the twenty-four month extension mentioned in the October 15, 2019, letter to the hospital during the COVID-19 public health emergency; and

(B) the hospital shall have 19.7 months after the end of the COVID-19 public health emergency to notify the Centers for Medicare & Medicaid Services of the hospital’s intent to either convert to an acute care hospital, transition to a rural emergency hospital under section 1861(kkk) of the Social Security Act (42 U.S.C. 1395x(kkk)) (if the hospital qualifies as such), or terminate as a critical access hospital.

(2) Prior to the end of the 19.7 months described in paragraph (1)(B), the Secretary shall not take an adverse redesignation action with respect to the critical access hospital status of the hospital as long as the hospital continues to meet all of the requirements for designation as a critical access hospital other than the distance requirement under section 1820(c)(2)(B)(i) of such Act (42 U.S.C. 1395i-4(c)(2)(B)(i)).

(3) If, prior to the end of the 19.7 months described in paragraph (1)(B), the critical access hospital notifies the Secretary of the hospital’s intention to transition to a rural emergency hospital, the Secretary—

(A) shall give priority to the processing of the request for such transition; and

(B) shall not take an adverse redesignation action with respect to the critical access hospital status of the hospital prior to the later of—

(i) the end of the 19.7 months described in paragraph (1)(B); or

(ii) the date the Secretary makes a final determination with respect to such request.

(b) TIMELINE FOR REGULATIONS.—

(1) IN GENERAL.—The Secretary shall—

(A) not later than July 1, 2022, promulgate a proposed rule to carry out the provisions of, and amendments made by, section 125 of division CC of the Consolidated Appropriations Act, 2021 (Public Law 116-260); and

(B) not later than November 1, 2022, promulgate a final rule to carry out such provisions and amendments.

(2) ADDITIONAL INFORMATION.—The Secretary shall ensure that the proposed and final rules required under paragraph (1) contain a description of the additional information that will be required under section 1861(kkk)(4) of the Social Security Act (42 U.S.C. 1395x(kkk)(4)).

SA 4430. Mr. INHOFE submitted an amendment intended to be proposed to amendment SA 3867 submitted by Mr. REED and intended to be proposed to the bill H.R. 4350, to authorize appropriations for fiscal year 2022 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place in subtitle G of title X, insert the following:

SEC. ____ . EDUCATION PROGRAM TO SUPPORT PRIMARY HEALTH SERVICE FOR UNDERSERVED POPULATIONS.

(a) FINDINGS.—Congress finds the following:

(1) Access to high quality primary care is associated with improved health outcomes and lower health care costs.

(2) Substantial disparities exist in the distribution of primary care providers.

(3) Shortages of health care providers affect Tribal, rural, and medically underserved communities more than the populations of more densely populated areas, resulting in such communities experiencing significant health challenges and disparities.

(4) American Indian, Alaskan Natives, and Native Hawaiians tend to have lower health status, lower life expectancy, and disproportionate disease burden when compared to other Americans.

(5) Having training experiences in, living among, and being a member of Tribal, rural, and medically underserved communities increases cultural awareness and can influence career choice for physicians to better serve such populations.

(6) Research shows there is a relationship between the characteristics of a physician and the eventual practice location, including being part of an underrepresented minority or growing up in a rural area.

(b) ESTABLISHMENT OF PROGRAM.—Part B of title VII of the Public Health Service Act (42 U.S.C. 293 et seq.) is amended by adding at the end the following:

“SEC. 742. EDUCATION PROGRAM TO SUPPORT PRIMARY HEALTH SERVICE FOR UNDERSERVED POPULATIONS.

“(a) ESTABLISHMENT.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall establish a grant program to award grants to public institutions of higher education located in a covered State to carry out the activities described in subsection (d) for the purposes of—

“(1) expanding and supporting education for medical students who are preparing to become physicians in a covered State; and

“(2) preparing and encouraging each such student training in a covered State to serve Tribal, rural, or medically underserved communities as a primary care physician after completing such training.

“(b) ELIGIBILITY.—In order to be eligible to receive a grant under this section, a public institution of higher education shall submit an application to the Secretary that includes—

“(1) a certification that such institution will use amounts provided to the institution to carry out the activities described in subsection (d); and